

FORM B1 United States Bankruptcy Court WESTERN District of NEW YORK		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Goodlander, Robert F.		Name of Joint Debtor (Spouse)(Last, First, Middle): Goodlander, Debra A.																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): NONE		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): NONE																
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) 6114		Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) 6992																
Street Address of Debtor (No. & Street, City, State & Zip Code): 6035 S. Transit Road Lot #447 Lockport New York 14094		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 6035 S. Transit Road Lot #447 Lockport New York 14094																
County of Residence or of the Principal Place of Business: Niagara		County of Residence or of the Principal Place of Business: Niagara																
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address): SAME																
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		
Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Estimated Debts <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

**Robert F. Goodlander and
Debra A. Goodlander****Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

NONE

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Robert F. Goodlander

Signature of Debtor

X /s/ Debra A. Goodlander

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

8/19/2005

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ F. Gerard Hogan**8/19/2005**

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No**Signature of Attorney****X /s/ F. Gerard Hogan**

Signature of Attorney for Debtor(s)

F. Gerard Hogan

Printed Name of Attorney for Debtor(s)

Seaman, Jones, Hogan & Brooks

Firm Name

76 West Avenue

Address

Lockport NY 14094**716-433-5907**

Telephone Number

8/19/2005

Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

In re Robert F. Goodlander and Debra A. Goodlander / DebtorCase No. _____
(if known)**SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	C o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
Account No: 4792 Creditor # : 1 Standard Federal Bank, N.A. 4747 West Irving Park Road Chicago IL 60641	J	August 2005 1997 Redman Mobile Home Value: \$ 29,900.00				\$ 35,517.00	\$ 5,617.00
Account No:							
Account No:							
Account No:							

No continuation sheets attached

Subtotal \$ (Total of this page)	35,517.00
Total \$	35,517.00

(Use only on last page. Report total also on Summary of Schedules)

In re Robert F. Goodlander and Debra A. Goodlander / Debtor

Case No. _____

(if known)

SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance or Support**

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

In re Robert F. Goodlander and Debra A. Goodlander / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: 9944 Creditor # : 1 AAA Financial Services Attn: Bankruptcy P.O. Box 15026 Wilmington DE 19850-5026		W	12/4/2003 Bal. Transfer, Cash Adv. & Purcha				\$ 19,025.60
Account No: 8725 Creditor # : 2 Aflac New York 22 Corporate Woods Drive Albany NY 12211		H	7/31/2005 Overpayment of Agent Compensation Company advanced commissions and home equipment (laptop computer -				\$ 2,611.42
Account No: Creditor # : 3 Antoinette R. Goodlander 6035 South Transit Road Lot #447 Lockport NY 14094		J	8/2004 Personal Loan - car lease payoff				\$ 7,500.00
Account No: 4359 Creditor # : 4 Capital One Services P.O. Box 85015 Richmond VA 23285-5015		W	11/9/2003 Purchases and Balance Transfer				\$ 8,301.04

3 continuation sheets attached

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

37,438.06

In re Robert F. Goodlander and Debra A. Goodlander / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: -748 Creditor # : 5 Chadwicks 6939 Americana Parkway Reynoldsburg OH 43068-4116	W	11/28/2003 Credit Card Purchases				\$ 414.29
Account No: 0010 Creditor # : 6 Chase Master Card PO Box 15919 Wilmington DE 19850-5919	W	11/21/03 Credit Card Purchases				\$ 13,755.87
Account No: 0010 Representing: Chase Master Card		Mel S. Harris and Associates, 116 John Street Suite 1510 New York NY 10038				
Account No: 2019 Creditor # : 7 Citi Cards P.O. Box 8105 S. Hackensack NJ 07606-8105	H	12/2/2003 Credit Card Purchases				\$ 349.92
Account No: 7920 Creditor # : 8 First USA Cardmember Service PO Box 15153 Wilmington DE 19886-5153	W	11/3/2003 Credit Card Purchases				\$ 3,011.20
Account No: 7983 Creditor # : 9 Fleet Credit Card Services PO Box 17192 Wilmington DE 19850-7192	W	11/4/2003 Credit Card Purchases				\$ 11,992.81

Sheet No. 1 of 3 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$
(Total of this page)

29,524.09

Total \$

(Report total also on Summary of Schedules)

In re Robert F. Goodlander and Debra A. Goodlander / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 6794 Creditor # : 10 Fleet Credit Card Services PO Box 17192 Wilmington DE 19850-7192	H	10/28/2003 Credit Card Purchases				\$ 4,808.00
Account No: 6794 Representing: Fleet Credit Card Services		LTD Financial Services, L.P. 7322 Southwest Freeway Suite 1600 Houston TX 77074				
Account No: 5530 Creditor # : 11 Gateway Credit Card Plan PO Box 9025 Des Moines IA 50368-9025	H	10/28/2003 Credit Card Purchases				\$ 1,507.96
Account No: 2226 Creditor # : 12 Retailers National Bank Target Credit Services M.S. IC PO Box 1581 Minneapolis MN 55440-1581	W	11/19/2003 Credit Card Purchases				\$ 1,694.00
Account No: 4452 Creditor # : 13 Sears Gold Master Card P.O. Box 182156 Columbus OH 43218-2156	W	11/1/2003 Credit Card Purchases & Cash Adva				\$ 10,708.90
Account No: 0158 Creditor # : 14 The Bon-Ton P.O. Box 17598 Baltimore MD 21297-1598	H	12/6/2003 Credit Card Purchases The Bon-Ton Stores, Inc. v. Robert Goodlander				\$ 1,617.50

Sheet No. 2 of 3 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$** **20,336.36**

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

In re Robert F. Goodlander and Debra A. Goodlander / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 0158 Representing: The Bon-Ton		W.C. Farner/M.R. Shannon 808 Main Seneca Building 237 Main Street Buffalo NY 14203				
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 3 of 3 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims**Subtotal \$**
(Total of this page)**0.00****Total \$**
(Report total also on Summary of Schedules)**87,298.51**

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

In re *Robert F. Goodlander*
and
Debra A. Goodlander

Case No.
Chapter 7

_____/ Debtor

Attorney for Debtor: *F. Gerard Hogan*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 8/19/2005

/s/ Robert F. Goodlander

Debtor

/s/ Debra A. Goodlander

Joint Debtor

Standard Federal Bank, N.A.
4747 West Irving Park Road
Chicago, IL 60641

AAA Financial Services
Attn: Bankruptcy
P.O. Box 15026
Wilmington, DE 19850-5026

Aflac New York
22 Corporate Woods Drive
Albany, NY 12211

Antoinette R. Goodlander
6035 South Transit Road
Lot #447
Lockport, NY 14094

Capital One Services
P.O. Box 85015
Richmond, VA 23285-5015

Chadwicks
6939 Americana Parkway
Reynoldsburg, OH 43068-4116

Chase Master Card
PO Box 15919
Wilmington, DE 19850-5919

Citi Cards
P.O. Box 8105
S. Hackensack, NJ 07606-8105

First USA
Cardmember Service
PO Box 15153
Wilmington, DE 19886-5153

Fleet Credit Card Services
PO Box 17192
Wilmington, DE 19850-7192

Gateway Credit Card Plan
PO Box 9025
Des Moines, IA 50368-9025

LTD Financial Services, L.P.
7322 Southwest Freeway
Suite 1600
Houston, TX 77074

Mel S. Harris and Associates,
116 John Street
Suite 1510
New York, NY 10038

Retailers National Bank
Target Credit Services M.S. IC
PO Box 1581
Minneapolis, MN 55440-1581

Sears Gold Master Card
P.O. Box 182156
Columbus, OH 43218-2156

The Bon-Ton
P.O. Box 17598
Baltimore, MD 21297-1598

W.C. Farner/M.R. Shannon
808 Main Seneca Building
237 Main Street
Buffalo, NY 14203